

Fill in this information to identify the case:

Debtor name Low Voltage Solutions, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number (if known) 22-32164-7 Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.  
 Yes. Go to line 2.

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	<b>Nonpriority creditor's name and mailing address</b> <b>Accordia Insurance</b> <b>215 10th Street, Ste 1100</b> <b>Des Moines, IA 50309-3616</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services provided</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2	<b>Nonpriority creditor's name and mailing address</b> <b>Ademco Inc.</b> <b>PO Box 731340</b> <b>Dallas, TX 75373-1340</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services provided</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>ADP, LLC</b> <b>PO Box 842875</b> <b>Boston, MA 02284-2875</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services provided</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,715.56</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Advantage Waste Disposal</b> <b>2500 W Bruton Rd</b> <b>Balch Springs, TX 75180</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services provided</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	<b>Low Voltage Solutions, Inc.</b>		Case number (if known)	<b>22-32164-7</b>
		Name		
3.5	Nonpriority creditor's name and mailing address <b>Alcon Services, Inc.</b> 1308 Indigo Creek Way Gunter, TX 75058		As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$0.00</b>
			<input checked="" type="checkbox"/> Contingent	
			<input checked="" type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____		<b>Basis for the claim: Services provided</b>	
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6	Nonpriority creditor's name and mailing address <b>Alphagraphics</b> 15404 Midway Road Addison, TX 75001		As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$0.00</b>
			<input type="checkbox"/> Contingent	
			<input type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____		<b>Basis for the claim: Services provided</b>	
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.7	Nonpriority creditor's name and mailing address <b>Amcon Controls, Inc.</b> BC Solutions, LLC P.O. Box 641087 Dallas, TX 75264		As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$0.00</b>
			<input checked="" type="checkbox"/> Contingent	
			<input checked="" type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____		<b>Basis for the claim: Services provided</b>	
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address <b>Amerisure Mutual Insurance Co</b> Lockbox #730502 Dallas, TX 75373-0502		As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$12,212.70</b>
			<input type="checkbox"/> Contingent	
			<input type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____		<b>Basis for the claim: Insurance</b>	
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address <b>Ashley Robinson</b> 1909 N. Overbrook Dr. Oklahoma City, OK 73121		As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$0.00</b>
			<input type="checkbox"/> Contingent	
			<input type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____		<b>Basis for the claim: _____</b>	
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address <b>Asterra Management</b> c/o Andrew M. Karr 1710 Houston Street Austin, TX 78756		As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b>
			<input checked="" type="checkbox"/> Contingent	
			<input checked="" type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____		<b>Basis for the claim: _____</b>	
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address <b>Asterra Properties</b> c/o Andrew Karr 1710 Houston Street Austin, TX 78756		As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b>
			<input checked="" type="checkbox"/> Contingent	
			<input checked="" type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____		<b>Basis for the claim: _____</b>	
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.12		Nonpriority creditor's name and mailing address <b>Asterra Properties</b> 2900 W. Anderson Lane Suite C200-347 Austin, TX 78757	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	
		Date(s) debt was incurred _____	Basis for the claim: _____		
		Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.13		Nonpriority creditor's name and mailing address <b>AT&amp;T</b> PO Box 105414 Atlanta, GA 30348-5414	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	
		Date(s) debt was incurred _____	Basis for the claim: <b>Services provided</b>		
		Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.14		Nonpriority creditor's name and mailing address <b>Atmos Energy</b> PO Box 790311 Saint Louis, MO 63179	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	
		Date(s) debt was incurred _____	Basis for the claim: <b>utility services</b>		
		Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.15		Nonpriority creditor's name and mailing address <b>Avetta, LLC</b> PO Box 8474 Pasadena, CA 91109-8474	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	
		Date(s) debt was incurred _____	Basis for the claim: _____		
		Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.16		Nonpriority creditor's name and mailing address <b>Best Wire and Cable</b> 1343 Exchange Dr. Richardson, TX 75081	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$66,258.40</b>	
		Date(s) debt was incurred _____	Basis for the claim: <b>Services provided</b>		
		Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.17		Nonpriority creditor's name and mailing address <b>BFS Retail &amp; Commercial Ops.</b> BSRO Natl. Accts. 28772 Network Place Chicago, IL 60673-1287	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,175.01</b>	
		Date(s) debt was incurred _____	Basis for the claim: _____		
		Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.18		Nonpriority creditor's name and mailing address <b>Centex IEC - Austin</b> PO Box 180366 Austin, TX 78718-0366	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,449.51</b>	
		Date(s) debt was incurred _____	Basis for the claim: _____		
		Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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3.19	Nonpriority creditor's name and mailing address <b>Century Link</b> <b>100 CenturyLink Drive</b> <b>Monroe, LA 71203</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>		<b>\$0.00</b>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<b>Basis for the claim:</b> <u>Services provided</u>			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.20	Nonpriority creditor's name and mailing address <b>Cirro Energy</b> <b>PO Box 660004</b> <b>Dallas, TX 75266-0004</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>		<b>\$0.00</b>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<b>Basis for the claim:</b> <u>utility services</u>			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.21	Nonpriority creditor's name and mailing address <b>City Of Addison Utilities</b> <b>Finance Department</b> <b>5350 Belt Line Road</b> <b>Dallas, TX 75254</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>		<b>\$0.00</b>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<b>Basis for the claim:</b> —			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.22	Nonpriority creditor's name and mailing address <b>City of Austin</b> <b>PO Box 2237</b> <b>Austin, TX 78783-2267</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>		<b>\$0.00</b>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<b>Basis for the claim:</b> —			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.23	Nonpriority creditor's name and mailing address <b>City of AustiN Department of Treasury</b> <b>2006 East 4th Street</b> <b>Austin, TX 78702</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>		<b>\$0.00</b>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<b>Basis for the claim:</b> —			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.24	Nonpriority creditor's name and mailing address <b>Cox Communications</b> <b>PO Box 24885</b> <b>Oklahoma City, OK 73124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>		<b>\$0.00</b>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<b>Basis for the claim:</b> <u>Services provided</u>			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.25	Nonpriority creditor's name and mailing address <b>Cytracom LLC</b> <b>PO Box 92206</b> <b>Las Vegas, NV 89193-2206</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>		<b>Unknown</b>
	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<b>Basis for the claim:</b> —			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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3.26	Nonpriority creditor's name and mailing address <b>Dallas City Secretary's Office</b> <b>1500 Marilla Street, Suite 5DS</b> <b>Dallas, TX 75201</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$0.00
	Date(s) debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.27	Nonpriority creditor's name and mailing address <b>Dallas County Tax Office</b> <b>500 Elm Street Ste. 3300</b> <b>Dallas, TX 75202</b>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.28	Nonpriority creditor's name and mailing address <b>Data Optics Cable</b> <b>250 East Ramsey Rd</b> <b>San Antonio, TX 78216</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$0.00
	Date(s) debt was incurred _____	Basis for the claim: <b>Services provided</b>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.29	Nonpriority creditor's name and mailing address <b>Department of the Treasury</b> <b>Internal Revenue Service</b> <b>Ogden, UT 84201-0046</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$0.00
	Date(s) debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.30	Nonpriority creditor's name and mailing address <b>Divvy</b> <b>13707 S 200 W Ste 100</b> <b>Draper, UT 84020</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$0.00
	Date(s) debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.31	Nonpriority creditor's name and mailing address <b>Elliott Electrical Supply</b> <b>PO Box 206524</b> <b>Dallas, TX 75320-6524</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$60,922.05
	Date(s) debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.32	Nonpriority creditor's name and mailing address <b>Ellism Skinner Co.</b> <b>1500 Plantation RD</b> <b>Dallas, TX 75235</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$0.00
	Date(s) debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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3.33	Nonpriority creditor's name and mailing address <b>EON Consulting</b> <b>400 W. Oak Street, Ste. 201</b> <b>Denton, TX 76201</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.34	Nonpriority creditor's name and mailing address <b>EquipmentShare.com Inc.</b> <b>PO Box 650429</b> <b>Dallas, TX 75265</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$11,192.07
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.35	Nonpriority creditor's name and mailing address <b>Equitable Commercial Realty</b> <b>PO Box 650429</b> <b>Dallas, TX 75265</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.36	Nonpriority creditor's name and mailing address <b>Equitable Commercial Realty</b> <b>c/o Lee Ellison</b> <b>812 San Antonio, Ste 105</b> <b>Austin, TX 78701</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.37	Nonpriority creditor's name and mailing address <b>FASTENAL Company</b> <b>PO Box 978</b> <b>Winona, MN 55987</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.38	Nonpriority creditor's name and mailing address <b>First State Bank</b> <b>1818 N I-35</b> <b>Gainesville, TX 76240</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Date(s) debt was incurred _____		Basis for the claim: <u>Lender</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.39	Nonpriority creditor's name and mailing address <b>First State Bank</b> <b>400 W Oak Street</b> <b>Denton, TX 76201</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.40	Nonpriority creditor's name and mailing address <b>First State Bank</b> <b>801 E California Street</b> <b>Gainesville, TX 76240</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$0.00
Date(s) debt was incurred _____		Basis for the claim: _____		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.41	Nonpriority creditor's name and mailing address <b>General Counsel, Social Security Admin</b> <b>6401 Security Boulevard, Room 611</b> <b>Baltimore, MD 21235</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$0.00
Date(s) debt was incurred _____		Basis for the claim: _____		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.42	Nonpriority creditor's name and mailing address <b>Genuine Cable Group</b> <b>PO Box 734769</b> <b>Chicago, IL 60673-4769</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$0.00
Date(s) debt was incurred _____		Basis for the claim: _____		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.43	Nonpriority creditor's name and mailing address <b>GM Financial</b> <b>P.O. Box 78143</b> <b>Phoenix, AZ 85062-8143</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$0.00
Date(s) debt was incurred _____		Basis for the claim: _____		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.44	Nonpriority creditor's name and mailing address <b>Goodman Rent</b> <b>789 Sherman Street Ste 660</b> <b>Denver, CO 80200</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$0.00
Date(s) debt was incurred _____		Basis for the claim: _____		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.45	Nonpriority creditor's name and mailing address <b>Grainger</b> <b>DEPT. 884954561</b> <b>PO Box 419267</b> <b>Kansas City, MO 64141</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$0.00
Date(s) debt was incurred _____		Basis for the claim: _____		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.46	Nonpriority creditor's name and mailing address <b>Granite Telecommunications</b> <b>Client ID#311</b> <b>PO Box 983119</b> <b>Boston, MA 02298-3119</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$0.00
Date(s) debt was incurred _____		Basis for the claim: _____		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Low Voltage Solutions, Inc.</b>	Case number (if known)	<b>22-32164-7</b>
Name			
3.47	Nonpriority creditor's name and mailing address <b>Graybar</b> <b>PO Box 840458</b> <b>Dallas, TX 75284-0458</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,358.75
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.48	Nonpriority creditor's name and mailing address <b>Health Care Service Corp.</b> <b>511 East 118th Street</b> <b>New York, NY 10035</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.49	Nonpriority creditor's name and mailing address <b>Health Street</b> <b>511 East 118th Street</b> <b>New York, NY 10035</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.50	Nonpriority creditor's name and mailing address <b>Hilti, Inc</b> <b>P.O. Box 120001</b> <b>Dept 0890</b> <b>Dallas, TX 75312-0890</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.51	Nonpriority creditor's name and mailing address <b>Huselton, Morgan &amp; Maultsby</b> <b>P.O 6799909</b> <b>Dallas, TX 75267</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,000.00
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.52	Nonpriority creditor's name and mailing address <b>I-240 Partners LLC</b> <b>c/o InterWest Realty</b> <b>Attn: George W. Huffman, Manager</b> <b>4900 Richmond Square Drive, Suite 200</b> <b>Oklahoma City, OK 73118</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date(s) debt was incurred _____	Basis for the claim: <u>Landlord</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.53	Nonpriority creditor's name and mailing address <b>IEC - AustinIEC - Austin</b> <b>Centex IEC</b> <b>PO Box 180366</b> <b>Austin, TX 78718-0366</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Low Voltage Solutions, Inc.</b>	Case number (if known)	<b>22-32164-7</b>
Name _____			
3.54	Nonpriority creditor's name and mailing address <b>IEC - Dallas 1931 Hereford Dr. Irving, TX 75038</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$5,780.00</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.55	Nonpriority creditor's name and mailing address <b>IEC - Oklahoma 1504 S. Walker Oklahoma City, OK 73109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$163.20</b>
	Date(s) debt was incurred _____	<input checked="" type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.56	Nonpriority creditor's name and mailing address <b>Internal Revenue Service Centralized Insolvency Office P. O. Box 7346 Philadelphia, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b>
	Date(s) debt was incurred _____	<input checked="" type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.57	Nonpriority creditor's name and mailing address <b>Johnson Controls Attn: Daniel D. Kurtz Project Mgr BSNA N.A. 3021 West Bend Dr. Irving, TX 75063</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b>
	Date(s) debt was incurred _____	<input checked="" type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <b><u>Services provided</u></b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.58	Nonpriority creditor's name and mailing address <b>Johnson Controls Fire Protection LP Attn: Rob Pettersen 3021 West Bend Dr. Irving, TX 75063</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b>
	Date(s) debt was incurred _____	<input checked="" type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <b><u>Services provided</u></b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.59	Nonpriority creditor's name and mailing address <b>Julio Benavides 1814 Proctor Dr Grand Prairie, TX 75051</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$0.00</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.60	Nonpriority creditor's name and mailing address <b>Kele PO Box 734825 Dallas, TX 75373-4825</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$0.00</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Low Voltage Solutions, Inc.</b>		Case number (if known)	<b>22-32164-7</b>
Name				
3.61	Nonpriority creditor's name and mailing address <b>Kennington Commercial</b> <b>Attn: Clayton Kennington</b> <b>P.O. Box 192269</b> <b>Dallas, TX 75219</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>		<b>\$0.00</b>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<b>Basis for the claim:</b> _____			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.62	Nonpriority creditor's name and mailing address <b>Lane Gorman Trubitt, LLC</b> <b>2626 Howell St.</b> <b>Ste 700</b> <b>Dallas, TX 75204</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>		<b>\$8,500.00</b>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<b>Basis for the claim:</b> _____			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.63	Nonpriority creditor's name and mailing address <b>LEAF Capital Funding LLC</b> <b>1720A Crete Street</b> <b>Moberly, MO 65270</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>		<b>\$1,376.80</b>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<b>Basis for the claim:</b> <u>Equipment Lease</u>			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.64	Nonpriority creditor's name and mailing address <b>Liberty Power</b> <b>2100 W. Cypress Creek Road</b> <b>Suite 130</b> <b>Fort Lauderdale, FL 33309</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>		<b>\$0.00</b>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<b>Basis for the claim:</b> <u>utility services</u>			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.65	Nonpriority creditor's name and mailing address <b>Marlin Business Bank</b> <b>PO Box 13604</b> <b>Philadelphia, PA 19101-3604</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>		<b>\$0.00</b>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<b>Basis for the claim:</b> <u>Lender</u>			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.66	Nonpriority creditor's name and mailing address <b>Mobile Mini</b> <b>PO Box 650882</b> <b>Dallas, TX 75265-0882</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>		<b>\$2,020.47</b>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<b>Basis for the claim:</b> _____			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.67	Nonpriority creditor's name and mailing address <b>National Fire Protection</b> <b>P.O Box 9689</b> <b>Manchester, NH 03108-9689</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>		<b>\$0.00</b>
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<b>Basis for the claim:</b> _____			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor	<b>Low Voltage Solutions, Inc.</b>	Case number (if known)	<b>22-32164-7</b>
Name			
3.68	Nonpriority creditor's name and mailing address <b>OES Equipment</b> <b>37421 Centralmont Place</b> <b>Fremont, CA 94536</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,229.33
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
Basis for the claim: _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.69	Nonpriority creditor's name and mailing address <b>Office of the Attorney General</b> <b>Main Justice Building, Room 5111</b> <b>10th and Constitutional Ave., N.W.</b> <b>Washington, DC 20530</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
Basis for the claim: _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.70	Nonpriority creditor's name and mailing address <b>Office of the United States Attorney</b> <b>1100 Commerce Street, Third Floor</b> <b>Dallas, TX 75242-1699</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
Basis for the claim: _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.71	Nonpriority creditor's name and mailing address <b>Office of the United States Trustee</b> <b>Earle Cabell Federal Building</b> <b>1100 Commerce Street, Room 976</b> <b>Dallas, TX 75242</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
Basis for the claim: _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.72	Nonpriority creditor's name and mailing address <b>OG&amp;E</b> <b>PO Box 24990</b> <b>Oklahoma City, OK 73124-0990</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
Basis for the claim: _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.73	Nonpriority creditor's name and mailing address <b>Oklahoma Department of Labor</b> <b>3017 N. Stiles, Suite 100</b> <b>Oklahoma City, OK 73105</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
Basis for the claim: _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.74	Nonpriority creditor's name and mailing address <b>Oklahoma Tax Commission</b> <b>PO Box 269027</b> <b>Oklahoma City, OK 73126-9027</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
Basis for the claim: _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor	<b>Low Voltage Solutions, Inc.</b>		Case number (if known)	<b>22-32164-7</b>
Name				
3.75	Nonpriority creditor's name and mailing address <b>Oklahoma Tax Commission</b> PO Box 26890 Oklahoma City, OK 73126-0890	As of the petition filing date, the claim is: Check all that apply.	\$0.00	
	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	
	Basis for the claim: _____			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.76	Nonpriority creditor's name and mailing address <b>Oncor Electric Delivery</b> Attn: Tina Pringle 1015 Hutton Dr Carrollton, TX 75006	As of the petition filing date, the claim is: Check all that apply.	\$0.00	
	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	
	Basis for the claim: _____			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.77	Nonpriority creditor's name and mailing address <b>Outsource LLC</b> PO Box 51535 Los Angeles, CA 90051-5835	As of the petition filing date, the claim is: Check all that apply.	\$13,200.00	
	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	
	Basis for the claim: _____			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.78	Nonpriority creditor's name and mailing address <b>Penhall Company</b> PO Box 842911 Los Angeles, CA 90084-2911	As of the petition filing date, the claim is: Check all that apply.	\$1,175.00	
	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	
	Basis for the claim: _____			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.79	Nonpriority creditor's name and mailing address <b>Perkins Dexter Sonopoli and Hamm P.C.</b> 501 W President George Bush Highway, Sui Richardson, TX 75080	As of the petition filing date, the claim is: Check all that apply.	\$17,898.50	
	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	
	Basis for the claim: <u>Services provided</u>			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.80	Nonpriority creditor's name and mailing address <b>QED Inc.</b> PO Box 841462 Dallas, TX 75284-1462	As of the petition filing date, the claim is: Check all that apply.	\$6,957.08	
	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	
	Basis for the claim: _____			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.81	Nonpriority creditor's name and mailing address <b>RAM Tool</b> PO Box 743487 Atlanta, GA 30374-3487	As of the petition filing date, the claim is: Check all that apply.	\$4,448.45	
	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	
	Basis for the claim: <u>Services provided</u>			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor	<b>Low Voltage Solutions, Inc.</b>	Case number (if known)	<b>22-32164-7</b>
Name			
3.82	Nonpriority creditor's name and mailing address <b>Rexel Electrical &amp; Datacom Sup</b> PO Box 840638 Dallas, TX 75284-0638	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$20.54
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.83	Nonpriority creditor's name and mailing address <b>Riney Packard, PLLC</b> 5420 LBJ Freeway, Ste 220 Dallas, TX 75240	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,107.50
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.84	Nonpriority creditor's name and mailing address <b>Ritz-Lone Star Safety</b> PO Box 713139 Cincinnati, OH 45271-3139	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$165.42
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.85	Nonpriority creditor's name and mailing address <b>Rogelio Zendejas</b> 3025 Bright St Fort Worth, TX 76105	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.86	Nonpriority creditor's name and mailing address <b>Sharp Business Systems</b> PO Box 121205 Dallas, TX 75312	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.87	Nonpriority creditor's name and mailing address <b>SHRED-IT</b> 1625 Wallace Dr. #140 Carrollton, TX 75006	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Date(s) debt was incurred _____		Basis for the claim: <u>Services provided</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.88	Nonpriority creditor's name and mailing address <b>Social Security Administration</b> Attn: Bankruptcy Coordinator Office of the General Counsel, Reg VI 1301 Young Street Dallas, TX 75202	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Low Voltage Solutions, Inc.</b> Name	Case number (if known)	<b>22-32164-7</b>
3.89	Nonpriority creditor's name and mailing address <b>Sparkletts &amp; Sierra Springs</b> PO Box 660579 Dallas, TX 75266-0579	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.90	Nonpriority creditor's name and mailing address <b>Spectrum Business</b> Charter Communications PO Box 60074 City of Industry, CA 91716-0074	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>
	Date(s) debt was incurred _____	Basis for the claim: <b>Services provided</b>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.91	Nonpriority creditor's name and mailing address <b>Staples Advantage</b> Staples Business Credit PO Box 105638 Atlanta, GA 30348-5638	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$49.11</b>
	Date(s) debt was incurred _____	Basis for the claim: <b>Services provided</b>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.92	Nonpriority creditor's name and mailing address <b>Stratus Building Solutions</b> 2331 Farrington St Dallas, TX 75207	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.93	Nonpriority creditor's name and mailing address <b>Sun Life Financial</b> PO Box 807009 Kansas City, MO 64184-7009	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.94	Nonpriority creditor's name and mailing address <b>Temperature Controls Systems</b> PO Box 550249 Dallas, TX 75355-0249	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$183.68</b>
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.95	Nonpriority creditor's name and mailing address <b>Texas Attorney General's Office</b> Bankruptcy-Collections Division PO Box 12548 Austin, TX 78711-2548	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Low Voltage Solutions, Inc.</b>	Case number (if known)	<b>22-32164-7</b>
Name			
3.96	Nonpriority creditor's name and mailing address <b>Texas Comptroller of Public Accounts</b> <b>Revenue Accounting Division</b> <b>Bankruptcy Section</b> <b>P.O. Box 13528</b> <b>Austin, TX 78711</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply.	\$0.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.97	Nonpriority creditor's name and mailing address <b>Texas Dept of Motor Vehicles</b> <b>Vehicle Titles and Registration</b> <b>Austin, TX 78779-0001</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply.	<b>Unknown</b>
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.98	Nonpriority creditor's name and mailing address <b>Texas Dept. of Insurance</b> <b>State Fire Marshall's Office</b> <b>Mail Code 112-FM/PO Box 149221</b> <b>Austin, TX 78714-9221</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply.	\$320.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.99	Nonpriority creditor's name and mailing address <b>Texas Dept. of Licensing &amp; Reg</b> <b>PO Box 12157</b> <b>Austin, TX 78711-2157</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply.	<b>Unknown</b>
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.100	Nonpriority creditor's name and mailing address <b>Texas Dept. of Public Safety</b> <b>Private Security MSC 0242</b> <b>PO Box 15999</b> <b>Austin, TX 78761-5999</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply.	<b>Unknown</b>
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.101	Nonpriority creditor's name and mailing address <b>Texas First Rentals LLC</b> <b>PO Box 650869</b> <b>Dallas, TX 75265-0869</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply.	\$4,136.85
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.102	Nonpriority creditor's name and mailing address <b>Texas Workforce Commission</b> <b>Attn: Cashier-C69</b> <b>PO Box 149080</b> <b>Austin, TX 78714-9080</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply.	\$0.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Low Voltage Solutions, Inc.</b>	Case number (if known)	<b>22-32164-7</b>
Name			
3.103	<b>Nonpriority creditor's name and mailing address</b> <b>Texas Workforce Commission</b> <b>Bankruptcy Division</b> <b>101 East 15th Street</b> <b>Austin, TX 78778</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.104	<b>Nonpriority creditor's name and mailing address</b> <b>The AB&amp;Y Group, LLC.</b> <b>3016 Polar Ln. Ste 101</b> <b>Cedar Park, TX 75861-3000</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services provided</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.105	<b>Nonpriority creditor's name and mailing address</b> <b>TLC Office Systems</b> <b>L-3791</b> <b>Columbus, OH 43260-3791</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$162.38</b>
3.106	<b>Nonpriority creditor's name and mailing address</b> <b>Trane</b> <b>Attn: Matthew McAffrey</b> <b>Area Contracting Mgr- OK</b> <b>305 Hudiburg Cir.</b> <b>Oklahoma City, OK 73108</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services provided</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.107	<b>Nonpriority creditor's name and mailing address</b> <b>Trane</b> <b>Attn: Matthew McAffrey</b> <b>Area Contracting Mgr- OK</b> <b>305 Hudiburg Cir.</b> <b>Oklahoma City, OK 73108</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services provided</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.108	<b>Nonpriority creditor's name and mailing address</b> <b>Travelers</b> <b>PO Box 660317</b> <b>Dallas, TX 75266-0317</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.109	<b>Nonpriority creditor's name and mailing address</b> <b>Travis County Tax Office</b> <b>PO Box 149328</b> <b>Austin, TX 78714-9328</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>Low Voltage Solutions, Inc.</b>		Case number (if known)	<b>22-32164-7</b>
Name				
3.110 Nonpriority creditor's name and mailing address  TXU Energy PO Box 650638 Dallas, TX 75265		As of the petition filing date, the claim is: Check all that apply.		\$0.00
		<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed
Date(s) debt was incurred _____		Basis for the claim: <u>utility services</u>		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.111 Nonpriority creditor's name and mailing address  United Rentals, Inc. PO Box 840514 Dallas, TX 75284-0514		As of the petition filing date, the claim is: Check all that apply.		\$1,959.75
		<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed
Date(s) debt was incurred _____		Basis for the claim: _____		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.112 Nonpriority creditor's name and mailing address  Waste Connections of Oklahoma 4625 South Rockwell Oklahoma City, OK 73179-6415		As of the petition filing date, the claim is: Check all that apply.		\$0.00
		<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed
Date(s) debt was incurred _____		Basis for the claim: _____		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.113 Nonpriority creditor's name and mailing address  Weber Group Advisors 17738 Preston Rd, Suite 101 Dallas, TX 75252		As of the petition filing date, the claim is: Check all that apply.		\$3,483.00
		<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed
Date(s) debt was incurred _____		Basis for the claim: _____		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.114 Nonpriority creditor's name and mailing address  Wells Fargo Advisors FBO Joseph Pazourek III IRA 2400 Dallas Pkwy, H3852-170 Ste 1 Plano, TX 75093		As of the petition filing date, the claim is: Check all that apply.		\$0.00
		<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed
Date(s) debt was incurred _____		Basis for the claim: _____		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.115 Nonpriority creditor's name and mailing address  Xcel Energy PO Box 9477 Minneapolis, MN 55484-9477		As of the petition filing date, the claim is: Check all that apply.		\$0.00
		<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed
Date(s) debt was incurred _____		Basis for the claim: _____		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 LEAF Capital Funding LLC PO Box 644006 Cincinnati, OH 45264-4006	Line <u>3.63</u>	—
	<input type="checkbox"/> Not listed. Explain _____	

Debtor Low Voltage Solutions, Inc.  
Name \_\_\_\_\_

Case number (if known) 22-32164-7

Name and mailing address

On which line in Part 1 or Part 2 is the  
related creditor (if any) listed?

Last 4 digits of  
account number, if  
any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts		
5a.	\$	<b>0.00</b>
5b.	+	\$ <b>248,621.11</b>
5c.	\$	<b>248,621.11</b>

Fill in this information to identify the case:

Debtor name Low Voltage Solutions, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) 22-32164-7

Check if this is an amended filing

Official Form 202

## Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule **Schedule E/F**
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 12, 2022

X /s/ Joseph B. Pazoureck III

Signature of individual signing on behalf of debtor

Joseph B. Pazoureck III

Printed name

President and Sole Shareholder

Position or relationship to debtor

**United States Bankruptcy Court  
Northern District of Texas**

In re Low Voltage Solutions, Inc.

Debtor(s)

Case No. 22-32164-7  
Chapter 7

**DECLARATION FOR ELECTRONIC FILING OF AMENDED PETITION,  
ORIGINAL/AMENDED BANKRUPTCY STATEMENTS AND SCHEDULES,  
AND/OR AMENDED MASTER MAILING LIST (MATRIX)**

As an individual debtor in this case, or as the individual authorized to act on behalf of the corporation, partnership, or limited liability company named as the debtor in this case, *I hereby declare under penalty of perjury* that I have read

- the original statements and schedules to be filed electronically in this case
- the voluntary petition as amended on the date indicated below and to be filed electronically in this case
- the statements and schedules as amended on the date indicated below and to be filed electronically in this case
- the master mailing list (matrix) as amended on the date indicated below and to be filed electronically in this case

and that the information provided therein is true and correct. I understand that this Declaration is to be filed with the Bankruptcy Court within 7 days after such statements, schedules, and/or amended petition or matrix have been filed electronically. I understand that a failure to file the signed original of this Declaration as to any original statements and schedules will result in the dismissal of my case and that, as to any amended petition, statement, schedule or matrix, such failure may result in the striking of the amendment(s).

- I hereby further declare under penalty of perjury that I have been authorized to file the statements, schedules, and/or amended petition or amended matrix on behalf of the debtor in this case.

Date: December 12, 2022

/s/ Joseph B. Pazoureck III

**Joseph B. Pazoureck III**, President  
and Sole Shareholder